

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101597172		FILING DATE 07-13-06				
CLAIMS							APPLICANT(S)						
	AS FILED Article 34		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		4		1			55						
6		0		1			56						
7		0		1			57						
8		1		1			58						
9		0		1			59						
10		0		1			60						
11		1		1			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		1		1			65						
16		0		1			66						
17		0		1			67						
18		0		1			68						
19		0		1			69						
20		0		1			70						
21		0		1			71						
22		1		1			72						
23		0		1			73						
24		0		1			74						
25		0		1			75						
26		0		1			76						
27		0		1			77						
28	1		1				78						
29		1		1			79						
30		2		1			80						
31		2		1			81						
32		0		1			82						
33		1		1			83						
34		0		1			84						
35		0		1			85						
36		0		1			86						
37		1		1			87						
38		0		1			88						
39		1		1			89						
40		1		1			90						
41		0		1			91						
42		0		1			92						
43		0		1			93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	46	←	41	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	48		43				TOTAL CLAIMS						